

Application Form for Triple P Facilitators

Please ensure the information is completed in full.

Personal details			
Title	Surname:		
Forename(s):		Preferred Forename Name (if applicable):	
Male / Female		Date of birth:	
Home Address:			
Postcode:			
Home Tel:			
Mobile:			
Email:			
Triple P Accreditation Please indicate which Triple P programmes you are accredited to deliver:			
Level	Triple P Course Title	Tick	Date of Accreditation
2	Selected Seminars Triple P		
2	Selected Seminars Teen Triple P		
2	Brief Primary Care Triple P		
2	Brief Primary Care Teen Triple P		
3	Primary Care Triple P		
3	Primary Care Teen Triple P		
3	Primary Stepping Stones Triple P		
3	Triple P Discussion Groups		
4	Group Triple P		
4	Group Teen Triple P		
4	Group Stepping Stones Triple P		
4	Standard Teen Triple P		
4	Standard Stepping Stones Triple P		
5	Enhanced Triple P		
5	Pathways Triple P		
5	Group Lifestyle Triple P		
5	Family Transitions Triple P		

Other Educational & Professional Qualifications			
Subject/Qualification	Place Studied	Grade/Result	Year Obtained
Other Relevant Training Courses			
Course Title	Training Provider	Duration	Year Completed

Work History Record full work history, starting with most recent place of work:	
Organisation	
Type of Business	
Job Role/Title	
Start /End Dates	
Responsibilities	
Reason for leaving	
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TO ADD MORE PREVIOUS PLACES OF WORK, COPY AND PASTE THE TABLE ABOVE

REFEREES
Please provide the names and full contact details of at least 2 people from separate organisations who have agreed to supply references. If possible, the references should cover a period of at least 3 years work history.

If you have not yet had 2 employers, or not worked for a considerable period of time, you should seek a personal reference from someone that knows you well, and/or a teacher from your last place of education.

Referees must not be related to you, or have any financial arrangement with you.

Referee 1	
Title/Name	
Organisation	
Job Role/Title	
Address	
E-Mail	
Telephone:	
Referee 2	
Name	
Organisation	
Job Role/Title	
Address	
E-Mail	
Telephone:	

SUPPORTING INFORMATION

In this section please demonstrate that you have read the published person specification and how you meet the essential/ desirable criteria for this role.

Please include your reasons for applying for the position, and highlight your talents and strengths, (what you feel you can personally offer – what is unique to you – what sets you apart from your peers).

Please do not include information personal details or duplicate information already included elsewhere in your application.

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YOUR AVAILABILITY FOR WORK - Please TICK your preferred work days/time

Monday	MORNING	AFTERNOON	EVENING
Tuesday	MORNING	AFTERNOON	EVENING
Wednesday	MORNING	AFTERNOON	EVENING
Thursday	MORNING	AFTERNOON	EVENING
Friday	MORNING	AFTERNOON	EVENING
Saturday	MORNING	AFTERNOON	EVENING

Are you interested in facilitating other relevant courses for Brilliant Parents that you have experience in delivering (and have your own presentation materials for)?

1.	
2.	
3.	

Signature	
Date	